

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: Expires:	3235-0076 April 30, 2008						
06064797							
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Name of Offering (check if this is an amendment and name has of	hanged, and indicate chang	ge).
OZRE Holdings REIT		
Filing Under (Check box(es) that apply): ☐ Rule 504	□ Rule 505 🖾 Rul	le 506
Type of Filing: ☑New Filing ☐Amendment		1384899
A. BASIC IDI	ENTIFICATION DATA	A
1. Enter the information requested about the issuer		
Name of Issuer (☐ check if this is an amendment and name	nas changed, and indicat	te change.)
OZRE Holdings REIT		
· · · · · · · · · · · · · · · · · · ·	City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Och-Ziff Real Estate, 9 West 57th Street, 39th Floor, New Yo	ork, New York 10019	(212) 719-7303
Address of Principal Business Operations (Number and Street	, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		PROCESSE
Brief Description of Business Investment vehicle to acquir	e direct or indirect inte	erests in real property
Type of Business Organization		JAN 8 2007
□ corporation □ limited partnership, a	Iready formed	other (please specify): THOMSON
□ business trust □ limited partnership, to	o be formed	Maryland real estate investment unsticial
Actual or Estimated Date of Incorporation or Organization: Month Ye 0 4 Jurisdiction of Incorporation or Organization: (Enter two letter U.S. Postal Se CN for Canada; FN for other fore	0 6 🗵 Actual ervice abbreviation for State:	□ Estimated M □

GENERAL INSTRUCTIONS

Federal:

Who Must file: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or \$ U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

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DEC 2 0 2006

<u> </u>	A. BASIC IDENTI	FICATION DATA		
Enter the information requested for the for	ollowing:			
• Each promoter of the issuer, if the issuer	has been organized within the pa	st five years;		
Each beneficial owner having the power	· · · · · · · · · · · · · · · · · · ·			
Each executive officer and director of cor	•	general and managing partners of	the partnership issue	rs; and
Each general and managing partner of pa	rtnership issuers.			
Check Box(es) that Apply: ☑ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual)		•		
OZRE TE II, L.L.C.		· .		
Business or Residence Address (Number and	Street, City, State, Zip Code)			
c/o Och-Ziff Real Estate, 9 West 57th S	Street, 39 th Floor, New Yo	ork, New York 10019		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	区 Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Och, Daniel S.				
Business or Residence Address (Number a				
c/o Och-Ziff Real Estate, 9 West 57th S	Street, 39 th Floor, New Yo	ork, New York 10019	. <u></u>	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Orbuch, Steven E.		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Address (Number a				
c/o Och-Ziff Real Estate, 9 West 57th S	Street, 39 th Floor, New Y	ork, New York 10019		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Galiotos, Stavros P.				
Business or Residence Address (Number a				
c/o Och-Ziff Real Estate, 9 West 57th S	Street, 39 th Floor, New Y	ork, New York 10019	<u></u>	
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zip C	ode)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zip C	ode)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zip C	ode)	. —	
(Use blank	sheet, or copy and use addit	tional copies of this sheet, as	necessary)	
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		1		B. IN	FORMAT	ION ABO	UT OFFEI	RING					
,	Handha in	á	J			dia		:_ 4L:65-	-:		Yes		No ⊠
I.	Has the iss	uer sola, or	does the iss						_				M
		,	Αı	nswer also	in Appendi:	x, Column	2, if filling	under ULO	Ε.				
2.	What is the	e minimum i	investment t	hat will be	accepted fr	om an indi	vidual?				\$ <u>1</u>	,000	_
		(Yes		No
3.	Does the o	ffering perm	nit joint own	ership of a	single unit	?					X		
4.	commissio offering. and/or with	n or similar If a person h a state or persons of s	requested for remunerat to be listed states, list t such a broke	ion for sol is an asso he name o	icitation of ciated perso f the broke	purchasers on or agent or dealer.	of a broke If more the	tion with s r or dealer nan five (5)	ales of sec registered persons to	curities in with the S	the EC		
	Equities, L		iuividuai)										
	s or Residen		(Number a	nd Street, (City, State,	Zip Code)							
	Peachtree			Atlanta,	GA 30361	1-6206							
Name o	f Associated	Broker or I	Dealer			•							•
States in	Which Pers		las Solicited			Purchasers							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [ŀ	II] '	[ID]
[IL]	[IN]	: [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[M	-	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	(NC) (VA)	[ND] [WA]	[OH] [WV]	(OK) [WI]	-	R] 'Y]	[PA] [PR]
	me (Last nar			1124	[01]		1771	TiOT	[44.4]	[44 1]		- 1	[i K]
	`		,										
Busines	s or Residen	ce Address	(Number a	nd Street, (City, State,	Zip Code)							
Name o	f Associated	Broker or I	Dealer										
Carana	n Which Per	. S. Time dit	las Calisias	l on Intonde	to Colinit I)ahaaasa							-
States II			check indiv			-uiciiaseis	•••••		***************				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]		II]	[ID]
[IL]	[IN]	•	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]		IS]	[MO]
[MT] [RI]	[NE] [SC]	; [NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]		R] 'Y]	(PA) (PR)
	me (Last nar				<u></u>		[]						
Busines	s or Residen	ce Address	(Number a	ind Street,	City, State,	Zip Code)					•		, .
Name o	f Associated	Broker or I	Dealer										
States in	n Which Per	son Listed F	las Solicited	l or Intends	to Solicit I	Purchasers							
	(Check "A	Il States" or	check indiv	idual State	es)				*************		••••	ΠА	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[]	II]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA] [NM]	[ME]	[MD] [NC]	[MA] [ND]	[MI]	[MN] [OK]		1S] R]	[MO] [PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XX]	[UT]	[NY] [VT]	[VA]	[WA]	[OH] [WV]	[WI]	_	/K] /Y]	[PR]

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE	OF PROCEE	DS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			•	
	Type of Security	Offe	ggregate ering Price		nount Already Sold
	Debt	\$		\$	-0-
	Equity	\$	125,000	\$	109,000
	☐ Common ☑ Preferred	\$	-0-	\$	-0-
	Convertible Securities (including warrants)	\$	-0-	\$	-0-
	Partnership Interests	\$	-0-	\$	-0
	Other (Specify)	\$	<u>-0-</u>	\$	-0-
	Total	\$	125,000	\$	109,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	_			
		-	Number ivestors		gregate Dollar unt of Purchase:
	Accredited Investors	•	109	\$	
-	Non-accredited Investors			s —	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				_
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			-	
	ř.	•	Type of	D	ollar Amount
	Type of Offering	S	Security		Sold
	D. 1- 505			¢	
	Rule 505			Ψ	
	Rule 504			-	
•	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		·	Ψ	
	Transfer Agent's Fees	,,		\$	-0-
	Printing and Engraving Costs and mailing			\$	-0-
	Legal Fees.			\$	-0-
	Accounting Fees			\$	-0-
	Engineering Fees			\$	-0-
	Sales Commissions (specify finders' fees separately)			\$	6,250
	Other Expenses (identify) Consulting fee and expense reimbursement		X	\$	28,750

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35,000

-	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES	AND	USE OF	PROCE	EDS		
	b. Enter the difference between the aggregate offering Part C - Question 1 and total expenses furnished in res 4.a. This difference is the "adjusted gross proceeds to the	sponse to Part C- Question					\$_	90.000
5.	Indicate below the amount of the adjusted gross proc proposed to be used for each of the purposes shown. If is not known, furnish an estimate and check the box to total of the payments listed must equal the adjusted gross forth in response to Part C - Question 4.b above.	the amount for any purpose he left of the estimate. The						
				Paym	ents to			
	;				icers,		.	T-
	ř.				tors, & liates			ments To Others
	Salaries and fees *			\$	-0 <u>-</u>		\$	
	Purchase of real estate			\$	-0-		\$	-0-
	Purchase, rental or leasing and installation of machin			\$	-0-		\$	0-
	Construction or leasing of plant buildings and facilit			\$	-0-		\$	Q
	Acquisition of other businesses (including the value this offering that may be used in exchange for the as another issuer pursuant to a merger)	of securities involved in sets or securities of		\$	-0-		s	-0-
	Repayment of indebtedness			* _ \$	-0-		\$	-0-
	Working capital		_	s –	-0-	X	\$	85,000
	Other (specify):	***************************************		, _				
				\$	-0		\$	5,000
	Column Totals			\$	-0	X	\$	90,000
	Total Payments Listed (column totals added)			_	× \$_		0	-
	Total Payments Listed (column totals added)				. —			
	D. FE	DERAL SIGNATURE						
follow	nuer has duly caused this notice to be signed by the ur ng signature constitutes an undertaking by the issuer to aff, the information furnished by the issuer to any non-ac	furnish to the U.S. Securiti- coredited investor pursuant t	es and	Exchang	(2) of Rule	502.	nder R pon wi	ule 505, the itten request
Issuer	(Print or Type)	Signature			Di	ate		
OZR	E Holdings REIT	16 /	21			12-	- 14	1-06
Name	of Signer (Print or Type)	Title of Signer (Print or Ty	pe)					
Stavr	os P. Galiotos	Treasurer of the Compa	any		•			
•	4 4	ATTENTION						
	3	ALLENION						

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)